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| | 203 |
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|-------|-----|
| | |
| | 790 |
| | |
| 186 | |
| 187 | |
| 188 | |
| TOTAL | |

CLAIMS AS AMENDED: - 1 A 1: 3

| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PERCENT EXTRA |
|--------------------------------|--------------------------|---|-------|---|------------------|
| | Total (32 CFR 1.166c) | * | 6 | Minus | ** 50 |
| Independent (32 CFR 1.166d) | * | 2 | Minus | *** 9 | % |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

| | RATE | ADDITIONAL FEE |
|------------|------------|-------------------|
| AS | <u>9</u> | |
| X | <u>44</u> | |
| | <u>150</u> | |
| TOTAL | | |
| MINUTE FEE | | |

| RATE | ADDITIONAL FEE |
|----------------|----------------|
| 18 | |
| 88 | |
| 350 | |
| TOTAL | |
| ADDITIONAL FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
|---------------------------------|----------------------------------|-------|------------------------------------|----|---------------|
| | Total (37 CFR 1.16(c)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | = | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| | | |
|-------------|-----|----------------|
| | | ADDITIONAL FEE |
| | 9 | |
| | 44 | |
| | 150 | |
| TOTAL | | |
| AMOUNT PAID | | |

| | | |
|----|------------|------------|
| OR | DATE | ADDITIONAL |
| OR | 18 | |
| OR | 00 | |
| OR | 00 | |
| OR | 300 | |
| OR | TOTAL | |
| OR | ADDITIONAL | |

| | | | | | |
|---------------------------------|---------------------------|---|-------|---|------------------|
| AMENDMENT C | | Column 1 | | Column 2 | Column 3 |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | Total (37 CFR 1.16(c)) | * | Minus | ** | |
| Independent (37 CFR 1.16(b)) | * | Minus | *** | | |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

| | RATE | ADDITIONAL FEE |
|------------|------|----------------|
| 1 | 9 | |
| 2 | 44 | |
| 3 | 150 | |
| TOTAL | | |
| AMOUNT DUE | | |

| | | |
|----|-------|-------|
| OR | 18 | ADDI |
| OR | 88 | TIONA |
| OR | 300 | 11 |
| OR | TOTAL | |
| | ADDI | |

- * If the entry in column 1 is less than the entry in column 7, write "0" in column 8.
- * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 12 months, write "0" in column 9.
- * If the "Highest Number Previously Paid For" IS THIS SPACE is less than 12 months, write "0" in column 10.
- The "Highest Number Previously Paid For" (alone or independently) shall be used by the appropriate box in column 11 to indicate the number of months since the last payment was made. The needs of the individual are considered in determining the appropriate box in column 11.

Budgetary Statement: This form is estimated to take 0.2 hours to complete. Time is to be reported on the basis of the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Information Officer, U.S. Patent and Trademark Office, Washington, DC 20593. Do not fill in this form if you are not required to complete it. (U.S. Patent and Trademark Office, Washington, DC 20593)